

Registration

The purpose of the registration information is to ensure that we hold essential information about your medical history and contact details. It is not intended to be a comprehensive health questionnaire. As with all our records, the information is treated with respect and is completely confidential.

Upon completion please return the form by post, along with the administration charge of £15 per form. (This amount is refunded as a credit against your first bill).

Please complete as many details as you can.

Full Name:.....

Date of Birth:...../...../.....

Address:.....

.....

Post Code:.....

Telephone:.....

Mobile phone:.....

Fax:.....

E-mail:.....@.....

Your NHS GP:

.....

.....

.....

(Contact with your NHS GP is made only with your agreement)

Medical History

Current medical conditions (please list all those for which you currently receive treatment):

.....
.....
.....
.....

Current medication (please list all drug names and dosages where possible):

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.....
.....
.....

Do you still attend a hospital specialist or outpatient clinic? If so, please note the specialist's name and the hospital:

.....
.....

Past medical history:

Major operations and illnesses (please list with dates):

.....
.....
.....
.....

Allergies (including to medicines):

.....
.....

Blood group (if known):.....

Please note if you have had any of the following checked in the past 2 years:

Blood pressure.....

Blood cholesterol.....

Blood sugar (glucose).....

What is your:

Height.....

Weight.....

If you smoke, please note how much per day.....

If you stopped smoking, please note when.....

How much alcohol do you take per week?.....

Please note any other relevant health information:

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Please return to:
Dr D. Rutherford, Croftwell, Prior Muir, St Andrews, Fife, KY16 8LP